

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF VIRGINIA

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

##### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Shianne**

First name

**R.**

Middle name

**Dinges**

Last name and Suffix (Sr., Jr., II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

##### 2. All other names you have used in the last 8 years

Include your married or maiden names.

##### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

**xxx-xx-8454**

Debtor 1 Shianne R. Dinges

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s) \_\_\_\_\_

EIN \_\_\_\_\_

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business name or EINs.

Business name(s) \_\_\_\_\_

EIN \_\_\_\_\_

**5. Where you live**

**3031 Hopkins Dr  
Mc Gaheysville, VA 22840**

Number, Street, City, State & ZIP Code \_\_\_\_\_

**Rockingham**

County \_\_\_\_\_

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code \_\_\_\_\_

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code \_\_\_\_\_

**6. Why you are choosing this district to file for bankruptcy**

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Shianne R. Dinges**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

8. **How you will pay the fee**

**I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**

No.  
 Yes.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No  
 Yes.

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. **Do you rent your residence?**

No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Shianne R. Dinges**

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any \_\_\_\_\_

Number, Street, City, State & ZIP Code \_\_\_\_\_

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor* or a *debtor as defined by 11 U.S.C. § 1182(1)*?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property? \_\_\_\_\_

Number, Street, City, State & Zip Code \_\_\_\_\_

Debtor 1 Shianne R. Dinges

Case number (if known) \_\_\_\_\_

## Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

## 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

## About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

## About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

Debtor 1 **Shianne R. Dinges**

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

|  |  |  |  |
|--|--|--|--|
| <b>16. What kind of debts do you have?</b>   | 16a. <b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”  |  |  |
|  | <input type="checkbox"/> No. Go to line 16b.   |  |  |
|  | <input checked="" type="checkbox"/> Yes. Go to line 17.  |  |  |
| 16b.   | <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.   |  |  |
|  | <input type="checkbox"/> No. Go to line 16c.   |  |  |
|  | <input type="checkbox"/> Yes. Go to line 17.   |  |  |
| 16c.   | State the type of debts you owe that are not consumer debts or business debts<br><hr/>   |  |  |
| <b>17. Are you filing under Chapter 7?</b>   | <input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.   |  |  |
| <b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b> | <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?<br><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |  |  |
| <b>18. How many Creditors do you estimate that you owe?</b>  | <input checked="" type="checkbox"/> 1-49<br><input type="checkbox"/> 50-99<br><input type="checkbox"/> 100-199<br><input type="checkbox"/> 200-999   | <input type="checkbox"/> 1,000-5,000<br><input type="checkbox"/> 5001-10,000<br><input type="checkbox"/> 10,001-25,000   | <input type="checkbox"/> 25,001-50,000<br><input type="checkbox"/> 50,001-100,000<br><input type="checkbox"/> More than 100,000  |
| <b>19. How much do you estimate your assets to be worth?</b>   | <input type="checkbox"/> \$0 - \$50,000<br><input type="checkbox"/> \$50,001 - \$100,000<br><input checked="" type="checkbox"/> \$100,001 - \$500,000<br><input type="checkbox"/> \$500,001 - \$1 million  | <input type="checkbox"/> \$1,000,001 - \$10 million<br><input type="checkbox"/> \$10,000,001 - \$50 million<br><input type="checkbox"/> \$50,000,001 - \$100 million<br><input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion<br><input type="checkbox"/> \$1,000,000,001 - \$10 billion<br><input type="checkbox"/> \$10,000,000,001 - \$50 billion<br><input type="checkbox"/> More than \$50 billion |
| <b>20. How much do you estimate your liabilities to be?</b>  | <input type="checkbox"/> \$0 - \$50,000<br><input type="checkbox"/> \$50,001 - \$100,000<br><input checked="" type="checkbox"/> \$100,001 - \$500,000<br><input type="checkbox"/> \$500,001 - \$1 million  | <input type="checkbox"/> \$1,000,001 - \$10 million<br><input type="checkbox"/> \$10,000,001 - \$50 million<br><input type="checkbox"/> \$50,000,001 - \$100 million<br><input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion<br><input type="checkbox"/> \$1,000,000,001 - \$10 billion<br><input type="checkbox"/> \$10,000,000,001 - \$50 billion<br><input type="checkbox"/> More than \$50 billion |

**Part 7: Sign Below**

|   |  |                       |                |
|---|--|-----------------------|----------------|
| <b>For you</b>  | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.   |                       |                |
|   | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.               |                       |                |
|   | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).   |                       |                |
|   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |                       |                |
|   | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |                       |                |
| <b>/s/ Shianne R. Dinges</b><br><b>Shianne R. Dinges</b><br>Signature of Debtor 1 |  | Signature of Debtor 2 |                |
| Executed on   | <u>September 17, 2020</u><br>MM / DD / YYYY  | Executed on           | MM / DD / YYYY |

Debtor 1 Shianne R. Dinges

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**If you are not represented by an attorney, you do not need to file this page.**

/s/ Donald M. Burks

Signature of Attorney for Debtor

Date

**September 17, 2020**

MM / DD / YYYY

**Donald M. Burks**

Printed name

**Don Burks P.C.**

Firm name

**30 Crossing Lane, Suite 205**

**Lexington, VA 24450**

Number, Street, City, State & ZIP Code

Contact phone

**540 463-1080**

Email address

**bankruptcy@donburkslaw.com**

**41311 VA**

Bar number & State

Fill in this information to identify your case:

|   |                          |             |           |
|---|--------------------------|-------------|-----------|
| Debtor 1  | <b>Shianne R. Dinges</b> |             |           |
|   | First Name               | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)   | First Name               | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF VIRGINIA</u> |                          |             |           |
| Case number<br>(if known)   |                          |             |           |

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

|     |   | <b>Your assets</b><br>Value of what you own |
|-----|---|---|
| 1.  | <b>Schedule A/B: Property</b> (Official Form 106A/B)          | \$ <b>200,000.00</b>                        |
| 1a. | Copy line 55, Total real estate, from Schedule A/B.....       | \$ <b>200,000.00</b>                        |
| 1b. | Copy line 62, Total personal property, from Schedule A/B..... | \$ <b>20,401.00</b>                         |
| 1c. | Copy line 63, Total of all property on Schedule A/B.....      | \$ <b>220,401.00</b>                        |

#### Part 2: Summarize Your Liabilities

|     |   | <b>Your liabilities</b><br>Amount you owe          |
|-----|---|--|
| 2.  | <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)   | \$ <b>214,770.00</b>                               |
| 2a. | Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ... | \$ <b>214,770.00</b>                               |
| 3.  | <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)   | \$ <b>0.00</b>                                     |
| 3a. | Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....                           | \$ <b>0.00</b>                                     |
| 3b. | Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....                        | \$ <b>42,626.00</b>                                |
|     |   | <b>Your total liabilities</b> \$ <b>257,396.00</b> |

#### Part 3: Summarize Your Income and Expenses

|    |   |                    |
|----|---|--------------------|
| 4. | <b>Schedule I: Your Income</b> (Official Form 106I)                       | \$ <b>2,385.00</b> |
|    | Copy your combined monthly income from line 12 of <i>Schedule I</i> ..... | \$ <b>2,385.00</b> |
| 5. | <b>Schedule J: Your Expenses</b> (Official Form 106J)                     | \$ <b>2,375.00</b> |
|    | Copy your monthly expenses from line 22c of <i>Schedule J</i> .....       | \$ <b>2,375.00</b> |

#### Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?**

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Shianne R. Dinges**

Case number (if known)

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 3,462.33

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

|  | <b>Total claim</b>    |
|--|-----------------------|
| <b>From Part 4 on Schedule E/F, copy the following:</b>  |                       |
| 9a. Domestic support obligations (Copy line 6a.)   | \$ <u>0.00</u>        |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$ <u>0.00</u>        |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$ <u>0.00</u>        |
| 9d. Student loans. (Copy line 6f.)   | \$ <u>0.00</u>        |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ <u>0.00</u>        |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$ <u>0.00</u>       |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | <b>\$ <u>0.00</u></b> |

Fill in this information to identify your case and this filing:

|   |                          |             |   |
|---|--------------------------|-------------|---|
| Debtor 1  | <b>Shianne R. Dinges</b> |             |   |
|   | First Name               | Middle Name | Last Name   |
| Debtor 2<br>(Spouse, if filing)   | First Name               | Middle Name | Last Name   |
| United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF VIRGINIA</u> |                          |             |   |
| Case number   |                          |             | <input type="checkbox"/> Check if this is an amended filing |

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.  
 Yes. Where is the property?

1.1

#### 3031 Hopkins Dr

Street address, if available, or other description

##### What is the property? Check all that apply

Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$200,000.00 Current value of the portion you own? \$200,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property  
(see instructions)

##### Who has an interest in the property? Check one

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

##### 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$200,000.00

#### Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 Shianne R. Dinges

Case number (if known) \_\_\_\_\_

## 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No  
 Yes

3.1 Make: Toyota  
 Model: Tacoma  
 Year: 2004  
 Approximate mileage: 160000

Other information:

|                          |                |
|--------------------------|----------------|
| <b>NADA clean retail</b> | <b>\$10325</b> |
| <b>NADA ave trade-in</b> | <b>\$7050</b>  |
| <b>FMV</b>               | <b>\$7000</b>  |

## Who has an interest in the property? Check one

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \_\_\_\_\_

**\$7,000.00**

**\$3,500.00**

3.2 Make: Saturn  
 Model: Sky  
 Year: 2007  
 Approximate mileage: 60000

Other information:

|                          |               |
|--------------------------|---------------|
| <b>NADA clean retail</b> | <b>\$5737</b> |
| <b>NADA ave trade-in</b> | <b>\$3362</b> |
| <b>FMV</b>               | <b>\$3300</b> |

## Who has an interest in the property? Check one

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \_\_\_\_\_

**\$3,300.00**

**\$3,300.00**

3.3 Make: Chev  
 Model: Camaro  
 Year: 1998  
 Approximate mileage: 140000

Other information:

|                           |              |
|---------------------------|--------------|
| <b>does not run; junk</b> |              |
| <b>FMV</b>                | <b>\$200</b> |

## Who has an interest in the property? Check one

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \_\_\_\_\_

**\$200.00**

**\$200.00**

## 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=> \_\_\_\_\_

**\$7,000.00**

## Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
 Do not deduct secured claims or exemptions.

## 6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No  
 Yes. Describe.....

**Household goods -furniture, tools, kitchenware**

**\$1,300.00**

Debtor 1 **Shianne R. Dinges**

Case number (if known) \_\_\_\_\_

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

**Clothes**

**\$200.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

**wedding and engagement rings**

**\$100.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

No

Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$1,600.00**

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?  
Do not deduct secured claims or exemptions.**

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

Debtor 1 **Shianne R. Dinges**

Case number (if known) \_\_\_\_\_

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes.....

Institution name:

**checkings/savings  
BBT**

17.1.

**\$2,800.00**

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No  
 Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No  
 Yes. List each account separately.

Type of account:

Institution name:

**Retirement  
Fidelity**

**\$8,500.00**

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No  
 Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

No  
 Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No  
 Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No  
 Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

No  
 Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Debtor 1 **Shianne R. Dinges**

Case number (if known) \_\_\_\_\_

 Yes. Give specific information about them....**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

|  |                |                 |
|--|----------------|-----------------|
| <b>Current year estimated tax refund pro-rated</b> | <b>Federal</b> | <b>\$500.00</b> |
|--|----------------|-----------------|

|   |                |               |
|---|----------------|---------------|
| <b>Present year tax refund due to EIC &amp; CTC</b> | <b>Federal</b> | <b>\$1.00</b> |
|---|----------------|---------------|

**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information.....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information..**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....**35. Any financial assets you did not already list** No Yes. Give specific information..**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....****\$11,801.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

Debtor 1 **Shianne R. Dinges**

Case number (if known) \_\_\_\_\_

**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.  
 Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
 If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No  
 Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here** .....**\$0.00****Part 8: List the Totals of Each Part of this Form**

|   |                    |                              |
|---|--------------------|------------------------------|
| 55. Part 1: Total real estate, line 2                                   | .....              | \$200,000.00                 |
| 56. Part 2: Total vehicles, line 5                                      | .....              | \$7,000.00                   |
| 57. Part 3: Total personal and household items, line 15                 | .....              | \$1,600.00                   |
| 58. Part 4: Total financial assets, line 36                             | .....              | \$11,801.00                  |
| 59. Part 5: Total business-related property, line 45                    | .....              | \$0.00                       |
| 60. Part 6: Total farm- and fishing-related property, line 52           | .....              | \$0.00                       |
| 61. Part 7: Total other property not listed, line 54                    | +                  | \$0.00                       |
| <b>62. Total personal property.</b> Add lines 56 through 61...          | <b>\$20,401.00</b> | Copy personal property total |
| <b>63. Total of all property on Schedule A/B.</b> Add line 55 + line 62 |                    | <b>\$220,401.00</b>          |

Fill in this information to identify your case:

|   |                          |             |           |
|---|--------------------------|-------------|-----------|
| Debtor 1  | <b>Shianne R. Dinges</b> |             |           |
|   | First Name               | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)   | First Name               | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF VIRGINIA</u> |                          |             |           |
| Case number<br>(if known)   |                          |             |           |

Check if this is an amended filing

**Official Form 106C****Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

## 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property   | Current value of the portion you own<br>Copy the value from <i>Schedule A/B</i> | Amount of the exemption you claim<br><i>Check only one box for each exemption.</i>  | Specific laws that allow exemption |
|--|---|---|------------------------------------|
| 2004 Toyota Tacoma 160000 miles<br>NADA clean retail \$10325<br>NADA ave trade-in \$ 7050<br>FMV \$7000<br>Line from <i>Schedule A/B</i> : 3.1 | \$3,500.00  | <input checked="" type="checkbox"/> \$3,500.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | Va. Code Ann. § 34-26(8)           |
| Household goods -furniture, tools, kitchenware<br>Line from <i>Schedule A/B</i> : 6.1  | \$1,300.00  | <input checked="" type="checkbox"/> \$1,300.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | Va. Code Ann. § 34-26(4a)          |
| Clothes<br>Line from <i>Schedule A/B</i> : 11.1  | \$200.00  | <input checked="" type="checkbox"/> \$200.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit    | Va. Code Ann. § 34-26(4)           |
| wedding and engagement rings<br>Line from <i>Schedule A/B</i> : 12.1   | \$100.00  | <input checked="" type="checkbox"/> \$100.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit    | Va. Code Ann. § 34-26(1a)          |
| Retirement<br>Fidelity<br>Line from <i>Schedule A/B</i> : 21.1   | \$8,500.00  | <input checked="" type="checkbox"/> \$85,000.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Va. Code Ann. § 34-34              |

| Debtor 1  | Case number (if known)                  |   |                                    |
|---|---|---|------------------------------------|
| <b>Shianne R. Dingess</b>   |   |   |                                    |
| Brief description of the property and line on <i>Schedule A/B</i> that lists this property                  | Current value of the portion you own    | Amount of the exemption you claim   | Specific laws that allow exemption |
|   | Copy the value from <i>Schedule A/B</i> | Check only one box for each exemption.  |                                    |
| <b>Federal: Current year estimated tax refund pro-rated</b><br>Line from <i>Schedule A/B</i> : <b>28.1</b>  | <b>\$500.00</b>                         | <input checked="" type="checkbox"/> <b>\$500.00</b><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <b>Va. Code Ann. § 34-4</b>        |
| <b>Federal: Present year tax refund due to EIC &amp; CTC</b><br>Line from <i>Schedule A/B</i> : <b>28.2</b> | <b>\$1.00</b>                           | <input checked="" type="checkbox"/> <b>\$1.00</b><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | <b>Va. Code Ann. § 34-26(9)</b>    |

**3. Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

## Fill in this information to identify your case:

|   |                          |             |           |
|---|--------------------------|-------------|-----------|
| Debtor 1  | <b>Shianne R. Dinges</b> |             |           |
|   | First Name               | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)   | First Name               | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF VIRGINIA</u> |                          |             |           |
| Case number<br>(if known) _____   |                          |             |           |

Check if this is an amended filing

## Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| 2.1             | Column A   | Column B   | Column C                       |
|-----------------|--|--|--------------------------------|
| Blue Ridge Bank | Amount of claim<br>Do not deduct the<br>value of collateral. | Value of collateral<br>that supports this<br>claim | Unsecured<br>portion<br>If any |
| Creditor's Name | \$1,345.00   | \$7,000.00   | \$0.00                         |

|     |   |
|-----|---|
| 2.1 | Describe the property that secures the claim: |
|-----|---|

2004 Toyota Tacoma 160000 miles  
NADA clean retail \$10325  
NADA ave trade-in \$ 7050  
FMV \$7000

POB 609  
Luray, VA 22835

Number, Street, City, State & Zip Code

## Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Opened  
02/16 Last  
Active 06/20

Date debt was incurred Last 4 digits of account number 0133

|   |                              |
|---|------------------------------|
| Debtor 1 <b>Shianne R. Dinges</b><br>First Name _____ Middle Name _____ Last Name _____   | Case number (if known) _____ |
| <b>2.2 Shellpoint Mortgage Servicing</b><br>Creditor's Name _____   |                              |
| Describe the property that secures the claim:<br><b>3031 Hopkins Dr Mc Gaheysville, VA 22840 Rockingham County</b>  |                              |
| As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |                              |
| <b>Nature of lien.</b> Check all that apply.<br><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)<br><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)<br><input type="checkbox"/> Judgment lien from a lawsuit<br><input type="checkbox"/> Other (including a right to offset) _____ |                              |
| <b>Opened 08/15 Last Active</b><br>Date debt was incurred <b>10/11/19</b> Last 4 digits of account number <b>8147</b>   |                              |
| <b>2.3 Trailblazer Auto Sales</b><br>Creditor's Name _____  |                              |
| Describe the property that secures the claim:<br><b>2007 Saturn Sky 60000 miles<br/>NADA clean retail \$5737<br/>NADA ave trade-in \$ 3362<br/>FMV \$3300</b>   |                              |
| As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |                              |
| <b>Nature of lien.</b> Check all that apply.<br><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)<br><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)<br><input type="checkbox"/> Judgment lien from a lawsuit<br><input type="checkbox"/> Other (including a right to offset) _____ |                              |
| Date debt was incurred _____ Last 4 digits of account number _____  |                              |

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$214,770.00**

If this is the last page of your form, add the dollar value totals from all pages.

**\$214,770.00**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

|   |                           |             |           |
|---|---------------------------|-------------|-----------|
| Debtor 1  | <b>Shianne R. Dingess</b> |             |           |
|   | First Name                | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)   | First Name                | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF VIRGINIA</u> |                           |             |           |
| Case number<br>(if known)   |                           |             |           |

Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

|     |   | Total claim  |
|-----|---|--|
| 4.1 | <b>Alltran Financial</b><br>Nonpriority Creditor's Name<br><b>POB 4043</b><br><b>Concord, CA 94524</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>5258</u><br>When was the debt incurred?<br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ |

|          |  |                                 |   |
|----------|--|---------------------------------|---|
| Debtor 1 | <b>Shianne R. Dinges</b>   |                                 | Case number (if known)                  |
| 4.2      | <b>Ally Financial</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>Po Box 380901</b><br><b>Bloomington, MN 55438</b><br>Number Street City State Zip Code   | Last 4 digits of account number | <b>9652</b>                             |
|          |  | When was the debt incurred?     | <b>Opened 02/17 Last Active 9/03/17</b> |
|          | As of the date you file, the claim is: Check all that apply  |                                 |   |
|          | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent<br><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Automobile</b><br><input type="checkbox"/> Yes |                                 |   |
| 4.3      | <b>Alpha Recovery Corp</b><br>Nonpriority Creditor's Name<br><b>6912 S Quentin St Unit 10</b><br><b>Englewood, CO 80112</b><br>Number Street City State Zip Code   | Last 4 digits of account number | <b>9051</b>                             |
|          |  | When was the debt incurred?     |   |
|          | As of the date you file, the claim is: Check all that apply  |                                 |   |
|          | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____   |                                 |   |
| 4.4      | <b>Best Buy Customer Care</b><br>Nonpriority Creditor's Name<br><b>PO Box 9312</b><br><b>Minneapolis, MN 55440-9312</b><br>Number Street City State Zip Code   | Last 4 digits of account number | <b>5510</b>                             |
|          |  | When was the debt incurred?     |   |
|          | As of the date you file, the claim is: Check all that apply  |                                 |   |
|          | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>credit</b>   |                                 |   |

Debtor 1 **Shianne R. Dinges**

Case number (if known)

|  |   |  |                 |
|--|---|--|-----------------|
| 4.5  | <b>Capital One</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>Po Box 30285</b><br><b>Salt Lake City, UT 84130</b><br>Number Street City State Zip Code         | Last 4 digits of account number <b>1266</b><br><br>When was the debt incurred? <b>Opened 09/15 Last Active 06/16</b> | <b>Unknown</b>  |
| <b>As of the date you file, the claim is:</b> Check all that apply   |   |  |                 |
| Who incurred the debt? Check one.  |   |  |                 |
| <input checked="" type="checkbox"/> Debtor 1 only  |   |  |                 |
| <input type="checkbox"/> Debtor 2 only   |   |  |                 |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only  |   |  |                 |
| <input type="checkbox"/> At least one of the debtors and another   |   |  |                 |
| <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  |   |  |                 |
| <b>Is the claim subject to offset?</b>   |   |  |                 |
| <input checked="" type="checkbox"/> No   |   |  |                 |
| <input type="checkbox"/> Yes   |   |  |                 |
| Type of NONPRIORITY unsecured claim:   |   |  |                 |
| <input type="checkbox"/> Contingent  |   |  |                 |
| <input type="checkbox"/> Unliquidated  |   |  |                 |
| <input type="checkbox"/> Disputed  |   |  |                 |
| <input type="checkbox"/> Student loans   |   |  |                 |
| <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |  |                 |
| <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |   |  |                 |
| <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>  |   |  |                 |
| 4.6  | <b>Capital One</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>Po Box 30285</b><br><b>Salt Lake City, UT 84130</b><br>Number Street City State Zip Code         | Last 4 digits of account number <b>7554</b><br><br>When was the debt incurred? <b>Opened 04/13 Last Active 06/16</b> | <b>Unknown</b>  |
| <b>As of the date you file, the claim is:</b> Check all that apply   |   |  |                 |
| Who incurred the debt? Check one.  |   |  |                 |
| <input checked="" type="checkbox"/> Debtor 1 only  |   |  |                 |
| <input type="checkbox"/> Debtor 2 only   |   |  |                 |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only  |   |  |                 |
| <input type="checkbox"/> At least one of the debtors and another   |   |  |                 |
| <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  |   |  |                 |
| <b>Is the claim subject to offset?</b>   |   |  |                 |
| <input checked="" type="checkbox"/> No   |   |  |                 |
| <input type="checkbox"/> Yes   |   |  |                 |
| Type of NONPRIORITY unsecured claim:   |   |  |                 |
| <input type="checkbox"/> Contingent  |   |  |                 |
| <input type="checkbox"/> Unliquidated  |   |  |                 |
| <input type="checkbox"/> Disputed  |   |  |                 |
| <input type="checkbox"/> Student loans   |   |  |                 |
| <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |  |                 |
| <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |   |  |                 |
| <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>  |   |  |                 |
| 4.7  | <b>Capital One/Walmart</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>Po Box 30285</b><br><b>Salt Lake City, UT 84130</b><br>Number Street City State Zip Code | Last 4 digits of account number <b>0325</b><br><br>When was the debt incurred? <b>Opened 12/17 Last Active 01/20</b> | <b>\$296.00</b> |
| <b>As of the date you file, the claim is:</b> Check all that apply   |   |  |                 |
| Who incurred the debt? Check one.  |   |  |                 |
| <input checked="" type="checkbox"/> Debtor 1 only  |   |  |                 |
| <input type="checkbox"/> Debtor 2 only   |   |  |                 |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only  |   |  |                 |
| <input type="checkbox"/> At least one of the debtors and another   |   |  |                 |
| <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  |   |  |                 |
| <b>Is the claim subject to offset?</b>   |   |  |                 |
| <input checked="" type="checkbox"/> No   |   |  |                 |
| <input type="checkbox"/> Yes   |   |  |                 |
| Type of NONPRIORITY unsecured claim:   |   |  |                 |
| <input type="checkbox"/> Contingent  |   |  |                 |
| <input type="checkbox"/> Unliquidated  |   |  |                 |
| <input type="checkbox"/> Disputed  |   |  |                 |
| <input type="checkbox"/> Student loans   |   |  |                 |
| <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |  |                 |
| <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |   |  |                 |
| <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>   |   |  |                 |

Debtor 1 **Shianne R. Dinges**

Case number (if known)

|          |  |  |                |
|----------|--|--|----------------|
| 4.8      | <b>Chase Card Services</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>Po Box 15298</b><br><b>Wilmington, DE 19850</b><br>Number Street City State Zip Code                | Last 4 digits of account number <b>9206</b>  | \$549.00       |
|          | <b>Who incurred the debt?</b> Check one.   | <b>As of the date you file, the claim is:</b> Check all that apply   |                |
|          | <input checked="" type="checkbox"/> Debtor 1 only  | <input type="checkbox"/> Contingent  |                |
|          | <input type="checkbox"/> Debtor 2 only   | <input type="checkbox"/> Unliquidated  |                |
|          | <input type="checkbox"/> Debtor 1 and Debtor 2 only  | <input type="checkbox"/> Disputed  |                |
|          | <input type="checkbox"/> At least one of the debtors and another   | <b>Type of NONPRIORITY unsecured claim:</b>  |                |
|          | <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  | <input type="checkbox"/> Student loans   |                |
|          | <b>Is the claim subject to offset?</b>   | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |
|          | <input checked="" type="checkbox"/> No   | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |                |
|          | <input type="checkbox"/> Yes   | <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>  |                |
| 4.9      | <b>Citibank North America</b><br>Nonpriority Creditor's Name<br><b>Citibank SD MC 425</b><br><b>5800 South Corp Place</b><br><b>Sioux Falls, SD 57108</b><br>Number Street City State Zip Code | Last 4 digits of account number <b>5510</b>  | \$203.00       |
|          | <b>Who incurred the debt?</b> Check one.   | <b>As of the date you file, the claim is:</b> Check all that apply   |                |
|          | <input checked="" type="checkbox"/> Debtor 1 only  | <input type="checkbox"/> Contingent  |                |
|          | <input type="checkbox"/> Debtor 2 only   | <input type="checkbox"/> Unliquidated  |                |
|          | <input type="checkbox"/> Debtor 1 and Debtor 2 only  | <input type="checkbox"/> Disputed  |                |
|          | <input type="checkbox"/> At least one of the debtors and another   | <b>Type of NONPRIORITY unsecured claim:</b>  |                |
|          | <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  | <input type="checkbox"/> Student loans   |                |
|          | <b>Is the claim subject to offset?</b>   | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |
|          | <input checked="" type="checkbox"/> No   | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |                |
|          | <input type="checkbox"/> Yes   | <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>  |                |
| 4.1<br>0 | <b>Client Services Inc</b><br>Nonpriority Creditor's Name<br><b>3451 Harry S Truman Blvd</b><br><b>St Charles, MO 63301-4047</b><br>Number Street City State Zip Code                          | Last 4 digits of account number <b>all accounts</b>  | <b>Unknown</b> |
|          | <b>Who incurred the debt?</b> Check one.   | <b>As of the date you file, the claim is:</b> Check all that apply   |                |
|          | <input checked="" type="checkbox"/> Debtor 1 only  | <input type="checkbox"/> Contingent  |                |
|          | <input type="checkbox"/> Debtor 2 only   | <input type="checkbox"/> Unliquidated  |                |
|          | <input type="checkbox"/> Debtor 1 and Debtor 2 only  | <input type="checkbox"/> Disputed  |                |
|          | <input type="checkbox"/> At least one of the debtors and another   | <b>Type of NONPRIORITY unsecured claim:</b>  |                |
|          | <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  | <input type="checkbox"/> Student loans   |                |
|          | <b>Is the claim subject to offset?</b>   | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |
|          | <input checked="" type="checkbox"/> No   | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |                |
|          | <input type="checkbox"/> Yes   | <input checked="" type="checkbox"/> Other. Specify _____   |                |

Debtor 1 Shianne R. Dinges

Case number (if known) \_\_\_\_\_

4.1  
1**Comenity Bank/Victoria Secret**

Nonpriority Creditor's Name

**Attn: Bankruptcy****Pob 182125****Columbus, OH 43218**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

8061Unknown

Opened 03/16 Last Active

11/19

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

4.1  
2**Comenity Bank/Victoria Secret**

Nonpriority Creditor's Name

**Attn: Bankruptcy****Pob 182125****Columbus, OH 43218**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

7615Unknown

Opened 03/16 Last Active

8/30/19

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Charge Account4.1  
3**Comenitybank/New York**

Nonpriority Creditor's Name

**Attn: Bankruptcy****Po Box 182125****Columbus, OH 43218**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

3081Unknown

Opened 11/16 Last Active

11/19

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Charge Account

Debtor 1 Shianne R. Dinges

Case number (if known) \_\_\_\_\_

4.1  
4**Credit Control Corp**

Nonpriority Creditor's Name

**PO Box 120568****Newport News, VA 23612-0568**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**all accounts****Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

4.1  
5**Credit Control Corporation**

Nonpriority Creditor's Name

**Attn: Bankruptcy****Po Box 120568****Newport News, VA 23612**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**4081****\$189.00**When was the debt incurred?  
**Opened 01/20 Last Active 07/19**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Collection Attorney Sentara Rockingham Memorial Ho**4.1  
6**Credit Control Corporation**

Nonpriority Creditor's Name

**Attn: Bankruptcy****Po Box 120568****Newport News, VA 23612**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**2077****\$136.00**When was the debt incurred?  
**Opened 08/19 Last Active 03/19**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Collection Attorney University Of Virginia Health**

Debtor 1 Shianne R. Dinges

Case number (if known) \_\_\_\_\_

4.1  
7**Credit One Bank**

Nonpriority Creditor's Name

**Attn: Bankruptcy Department  
Po Box 98873  
Las Vegas, NV 89193**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

8513Unknown**Opened 01/14 Last Active  
07/16**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Credit Card4.1  
8**Creditors Collection Service**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
Po Box 21504  
Roanoke, VA 24018**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

9202\$182.00**Opened 02/17 Last Active  
09/16**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Collection Attorney Harrisonburg Phys For Anesth4.1  
9**Department Store National Bank/Macy's**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
9111 Duke Boulevard  
Mason, OH 45040**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

3643\$393.00**Opened 11/17 Last Active  
12/19**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Charge Account

Debtor 1 Shianne R. Dinges

Case number (if known) \_\_\_\_\_

4.2  
0Dupont Community Credi

Nonpriority Creditor's Name

140 Lucy Lane  
Waynesboro, VA 22980

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

9492\$976.00Opened 06/16 Last Active  
12/19

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Credit Card4.2  
1DuPont Community CU

Nonpriority Creditor's Name

Attn: BankruptcyPo Box 1365Waynesboro, VA 22980

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

0700\$955.00Opened 06/16 Last Active  
01/20

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Unsecured4.2  
2Gateway One Lending & Finance

Nonpriority Creditor's Name

175 North Riverview DriveSuite 100Anaheim, CA 92808

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

6349UnknownOpened 03/16 Last Active  
09/16

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Automobile

Debtor 1 **Shianne R. Dinges**

Case number (if known)

4.2  
3**Genesis FS Card/Kay Jewelers**

Nonpriority Creditor's Name

**Attn: Bankruptcy****Po Box 4477****Beaverton, OR 97076**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**5616****Unknown****Opened 03/17 Last Active 09/17**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Charge Account**4.2  
4**Kohls/Capital One**

Nonpriority Creditor's Name

**Attn: Credit Administrator****Po Box 3043****Milwaukee, WI 53201**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**5296****\$3,708.00****Opened 08/15 Last Active 01/20**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Charge Account**4.2  
5**Massanutten Property Owners Assoc**

Nonpriority Creditor's Name

**3980 Massanutten Dr****Mc Gaheysville, VA 22840**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**4536****\$1,680.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **fees**

Debtor 1 Shianne R. Dinges

Case number (if known) \_\_\_\_\_

4.2  
6**Nationwide Credit**

Nonpriority Creditor's Name

**POB 15130****Wilmington, DE 19850**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$330.00**

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **collection**

4.2  
7**Pathology Sciences Med. Grp**

Nonpriority Creditor's Name

**PO Box 79671****Baltimore, MD 21279**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number **8334****\$62.00**

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **med**

4.2  
8**Portfolio Recovery Ass, Llc**

Nonpriority Creditor's Name

**Po Box 12914****Norfolk, VA 23541**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$318.00**

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **collection**

Debtor 1 **Shianne R. Dinges**

Case number (if known) \_\_\_\_\_

4.2  
9**Progressive Insurance Co**

Nonpriority Creditor's Name

**6300 Wilson Mills Rd  
Mayfield Village, OH 44143**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**2101****\$1,586.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

4.3  
0**Radius**

Nonpriority Creditor's Name

**POB 390905  
Minneapolis, MN 55439**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**\$464.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **collection**

4.3  
1**Richmond VA Child Support**

Nonpriority Creditor's Name

**2001 Maywill Street  
Suite 104  
Richmond, VA 23230**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**7171****\$0.00****Opened 12/06 Last Active  
02/07**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

Debtor 1 **Shianne R. Dinges**

Case number (if known) \_\_\_\_\_

4.3  
2**Sentara**

Nonpriority Creditor's Name

**PO Box 791168****Baltimore, MD 21279**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**all accounts****Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify med

4.3  
3**Sterling Jewelers, Inc.**

Nonpriority Creditor's Name

**Attn: Bankruptcy****Po Box 1799****Akron, OH 44309**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**5712****Unknown**

When was the debt incurred?

**Opened 03/17 Last Active 10/11/17**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Charge Account

4.3  
4**Synchrony Bank**

Nonpriority Creditor's Name

**Attn: Bankruptcy Dept****PO Box 965060****Orlando, FL 32896-5060**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify all accounts

Debtor 1 Shianne R. Dinges

Case number (if known)

4.3  
5**The Bureaus Inc**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
650 Dundee Rd, Ste 370  
Northbrook, IL 60062**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

1137\$1,211.00**Opened 05/20 Last Active  
11/19**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Collection Attorney Comenity Bank4.3  
6**The Bureaus Inc**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
650 Dundee Rd, Ste 370  
Northbrook, IL 60062**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

6035\$1,195.00**Opened 05/20 Last Active  
11/19**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Collection Attorney Comenity Bank4.3  
7**Toyota Financial Services**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
Po Box 8026  
Cedar Rapids, IA 52409**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

0001\$13,171.00**Opened 08/17 Last Active  
3/17/20**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Automobile repo

Debtor 1 **Shianne R. Dinges**

Case number (if known) \_\_\_\_\_

4.3  
8**UVA Health Services Foundation**

Nonpriority Creditor's Name

**PO Box 9007  
Charlottesville, VA 22906-9007**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**Unknown**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **med**

4.3  
9**Valley Credit Service, Inc**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
Po Box 2162  
Hagerstown, MD 21742**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number **0172****\$100.00****Opened 06/19 Last Active  
01/19**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Collection Attorney Rockingham  
Radiologists Ltd**4.4  
0**West Creek Financial**

Nonpriority Creditor's Name

**PO Box 5518  
Glen Allen, VA 23058**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$338.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**loan****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 **Shianne R. Dinges**

Case number (if known) \_\_\_\_\_

Name and Address

**Best Buy Customer Care**  
**PO Box 790441**  
**Saint Louis, MO 63179-0441**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Client Services, Inc/Citicards**  
**Po Box 1503**  
**St Peters, MO 63376-0027**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Progressive**  
**256 W. Data Dr**  
**Draper, UT 84020**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Sentara**  
**PO Box 2156**  
**Morrisville, NC 27560**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Sentara**  
**PO Box 2156**  
**Morrisville, NC 27560**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Sentara Medical Group**  
**PO Box 179**  
**Norfolk, VA 23501-0179**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Toyota Financial Svcs**  
**Po Box 2730 Mail Stop WF22**  
**Torrance, CA 90509-2730**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Waynesboro GDC**  
**250 South Wayne Ave, Suite 100**  
**Waynesboro, VA 22980-4625**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|  |   | <b>Total Claim</b> |
|--|---|--------------------|
| <b>Total claims from Part 1</b>              | 6a. Domestic support obligations  | 6a. \$ <b>0.00</b> |
|  | 6b. Taxes and certain other debts you owe the government  | 6b. \$ <b>0.00</b> |
|  | 6c. Claims for death or personal injury while you were intoxicated  | 6c. \$ <b>0.00</b> |
|  | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. \$ <b>0.00</b> |
| 6e. Total Priority. Add lines 6a through 6d. |   | 6e. \$ <b>0.00</b> |
| <b>Total claims from Part 2</b>              | 6f. Student loans   | 6f. \$ <b>0.00</b> |
|  | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ <b>0.00</b> |
|  | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. \$ <b>0.00</b> |

Debtor 1 **Shianne R. Dinges**

Case number (if known) \_\_\_\_\_

6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6j. **Total Nonpriority.** Add lines 6f through 6i.

6i. \$ **42,626.00**

6j. \$ **42,626.00**

Fill in this information to identify your case:

|   |                              |             |           |
|---|------------------------------|-------------|-----------|
| Debtor 1                                | <b>Shianne R. Dinges</b>     |             |           |
|   | First Name                   | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | First Name                   | Middle Name | Last Name |
| United States Bankruptcy Court for the: | WESTERN DISTRICT OF VIRGINIA |             |           |
| Case number<br>(if known)               |                              |             |           |

Check if this is an amended filing

**Official Form 106G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code |        |          | State what the contract or lease is for |
|--|--------|----------|---|
| 2.1  |        |          |   |
| Name   |        |          |   |
| Number   | Street |          |   |
| City   | State  | ZIP Code |   |
| 2.2  |        |          |   |
| Name   |        |          |   |
| Number   | Street |          |   |
| City   | State  | ZIP Code |   |
| 2.3  |        |          |   |
| Name   |        |          |   |
| Number   | Street |          |   |
| City   | State  | ZIP Code |   |
| 2.4  |        |          |   |
| Name   |        |          |   |
| Number   | Street |          |   |
| City   | State  | ZIP Code |   |
| 2.5  |        |          |   |
| Name   |        |          |   |
| Number   | Street |          |   |
| City   | State  | ZIP Code |   |

Fill in this information to identify your case:

|   |                              |             |           |
|---|------------------------------|-------------|-----------|
| Debtor 1                                | <b>Shianne R. Dinges</b>     |             |           |
|   | First Name                   | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | First Name                   | Middle Name | Last Name |
| United States Bankruptcy Court for the: | WESTERN DISTRICT OF VIRGINIA |             |           |
| Case number<br>(if known)               |                              |             |           |

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

|     |   |   |
|-----|---|---|
| 3.1 | Michael Sizemore<br>3031 Hawkins Dr<br>Mc Gaheysville, VA 22840 | <input type="checkbox"/> Schedule D, line _____<br><input type="checkbox"/> Schedule E/F, line _____<br><input type="checkbox"/> Schedule G _____   |
| 3.2 | Michael Sizemore<br>3031 Hawkins Dr<br>Mc Gaheysville, VA 22840 | <input checked="" type="checkbox"/> Schedule D, line <u>2.1</u><br><input type="checkbox"/> Schedule E/F, line _____<br><input type="checkbox"/> Schedule G _____<br><b>Blue Ridge Bank</b>               |
| 3.3 | Michael Sizemore<br>3031 Hawkins Dr<br>Mc Gaheysville, VA 22840 | <input checked="" type="checkbox"/> Schedule D, line <u>2.2</u><br><input type="checkbox"/> Schedule E/F, line _____<br><input type="checkbox"/> Schedule G _____<br><b>Shellpoint Mortgage Servicing</b> |

Fill in this information to identify your case:

|   |                                     |
|---|-------------------------------------|
| Debtor 1                                | <u>Shianne R. Dinges</u>            |
| Debtor 2<br>(Spouse, if filing)         |                                     |
| United States Bankruptcy Court for the: | <u>WESTERN DISTRICT OF VIRGINIA</u> |
| Case number<br>(if known)               |                                     |

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

|                    | Debtor 1  | Debtor 2 or non-filing spouse  |
|--------------------|---|--|
| Employment status  | <input checked="" type="checkbox"/> Employed<br><input type="checkbox"/> Not employed | <input type="checkbox"/> Employed<br><input type="checkbox"/> Not employed |
| Occupation         | <u>sales &amp; mgmt</u>   |  |
| Employer's name    | <u>VA Industrial Plastics</u>   |  |
| Employer's address | <u>Elkton, VA</u>   |  |

How long employed there?

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|  | For Debtor 1          | For Debtor 2 or non-filing spouse |
|--|-----------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ <u>3,450.00</u> | \$ <u>N/A</u>                     |
| 3. Estimate and list monthly overtime pay.   | 3. +\$ <u>0.00</u>    | +\$ <u>N/A</u>                    |
| 4. Calculate gross Income. Add line 2 + line 3.  | 4. \$ <u>3,450.00</u> | \$ <u>N/A</u>                     |

Debtor 1 Shianne R. Dinges

Case number (if known) \_\_\_\_\_

|  | For Debtor 1           | For Debtor 2 or non-filing spouse    |
|--|------------------------|--------------------------------------|
| <b>Copy line 4 here</b> .....  | 4. \$ <u>3,450.00</u>  | \$ <u>N/A</u>                        |
| <b>5. List all payroll deductions:</b>   |                        |                                      |
| 5a. <b>Tax, Medicare, and Social Security deductions</b>   | 5a. \$ <u>550.00</u>   | \$ <u>N/A</u>                        |
| 5b. <b>Mandatory contributions for retirement plans</b>  | 5b. \$ <u>0.00</u>     | \$ <u>N/A</u>                        |
| 5c. <b>Voluntary contributions for retirement plans</b>  | 5c. \$ <u>225.00</u>   | \$ <u>N/A</u>                        |
| 5d. <b>Required repayments of retirement fund loans</b>  | 5d. \$ <u>0.00</u>     | \$ <u>N/A</u>                        |
| 5e. <b>Insurance</b>   | 5e. \$ <u>290.00</u>   | \$ <u>N/A</u>                        |
| 5f. <b>Domestic support obligations</b>  | 5f. \$ <u>0.00</u>     | \$ <u>N/A</u>                        |
| 5g. <b>Union dues</b>  | 5g. \$ <u>0.00</u>     | \$ <u>N/A</u>                        |
| 5h. <b>Other deductions.</b> Specify: _____  | 5h.+ \$ <u>0.00</u>    | + \$ <u>N/A</u>                      |
| <b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6. \$ <u>1,065.00</u>  | \$ <u>N/A</u>                        |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.  | 7. \$ <u>2,385.00</u>  | \$ <u>N/A</u>                        |
| <b>8. List all other income regularly received:</b>  |                        |                                      |
| 8a. <b>Net income from rental property and from operating a business, profession, or farm</b><br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a. \$ <u>0.00</u>     | \$ <u>N/A</u>                        |
| 8b. <b>Interest and dividends</b>  | 8b. \$ <u>0.00</u>     | \$ <u>N/A</u>                        |
| 8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b><br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c. \$ <u>0.00</u>     | \$ <u>N/A</u>                        |
| 8d. <b>Unemployment compensation</b>   | 8d. \$ <u>0.00</u>     | \$ <u>N/A</u>                        |
| 8e. <b>Social Security</b>   | 8e. \$ <u>0.00</u>     | \$ <u>N/A</u>                        |
| 8f. <b>Other government assistance that you regularly receive</b><br>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify: _____  | 8f. \$ <u>0.00</u>     | \$ <u>N/A</u>                        |
| 8g. <b>Pension or retirement income</b>  | 8g. \$ <u>0.00</u>     | \$ <u>N/A</u>                        |
| 8h. <b>Other monthly income.</b> Specify: _____  | 8h.+ \$ <u>0.00</u>    | + \$ <u>N/A</u>                      |
| <b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9. \$ <u>0.00</u>      | \$ <u>N/A</u>                        |
| <b>10. Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$ <u>2,385.00</u> | + \$ <u>N/A</u> = \$ <u>2,385.00</u> |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.<br>Specify: _____ | 11. +\$ <u>0.00</u>    |                                      |
| <b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.<br>Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies   | 12. \$ <u>2,385.00</u> |                                      |
| <b>13. Do you expect an increase or decrease within the year after you file this form?</b>   |                        |                                      |
| <input checked="" type="checkbox"/> No.  |                        |                                      |
| <input type="checkbox"/> Yes. Explain: _____   |                        |                                      |

Fill in this information to identify your case:

|   |                                     |
|---|-------------------------------------|
| Debtor 1                                | <b>Shianne R. Dinges</b>            |
| Debtor 2<br>(Spouse, if filing)         |                                     |
| United States Bankruptcy Court for the: | <b>WESTERN DISTRICT OF VIRGINIA</b> |
| Case number<br>(If known)               |                                     |

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. **Does Debtor 2 live in a separate household?**  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **750.00**

##### If not included in line 4:

4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues  
5. Additional mortgage payments for your residence, such as home equity loans

| Your expenses |    |             |
|---------------|----|-------------|
| 4a.           | \$ | <b>0.00</b> |
| 4b.           | \$ | <b>0.00</b> |
| 4c.           | \$ | <b>0.00</b> |
| 4d.           | \$ | <b>0.00</b> |
| 5.            | \$ | <b>0.00</b> |

Debtor 1 Shianne R. Dinges

Case number (if known) \_\_\_\_\_

|  |  |                      |
|--|--|----------------------|
| 6. <b>Utilities:</b>   | 6a. Electricity, heat, natural gas                                 | 6a. \$ <u>225.00</u> |
|  | 6b. Water, sewer, garbage collection                               | 6b. \$ <u>0.00</u>   |
|  | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>220.00</u> |
|  | 6d. Other. Specify: _____  | 6d. \$ <u>0.00</u>   |
| 7. <b>Food and housekeeping supplies</b>   | 7. \$ <u>400.00</u>  |                      |
| 8. <b>Childcare and children's education costs</b>   | 8. \$ <u>0.00</u>  |                      |
| 9. <b>Clothing, laundry, and dry cleaning</b>  | 9. \$ <u>50.00</u>   |                      |
| 10. <b>Personal care products and services</b>   | 10. \$ <u>0.00</u>   |                      |
| 11. <b>Medical and dental expenses</b>   | 11. \$ <u>50.00</u>  |                      |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments.  | 12. \$ <u>350.00</u>   |                      |
| 13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>  | 13. \$ <u>0.00</u>   |                      |
| 14. <b>Charitable contributions and religious donations</b>  | 14. \$ <u>0.00</u>   |                      |
| 15. <b>Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.   |  |                      |
| 15a. Life insurance  | 15a. \$ <u>0.00</u>  |                      |
| 15b. Health insurance  | 15b. \$ <u>0.00</u>  |                      |
| 15c. Vehicle insurance   | 15c. \$ <u>100.00</u>  |                      |
| 15d. Other insurance. Specify: _____   | 15d. \$ <u>0.00</u>  |                      |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: <b>Personal Property</b>   | 16. \$ <u>30.00</u>  |                      |
| 17. <b>Installment or lease payments:</b>  |  |                      |
| 17a. Car payments for Vehicle 1  | 17a. \$ <u>200.00</u>  |                      |
| 17b. Car payments for Vehicle 2  | 17b. \$ <u>0.00</u>  |                      |
| 17c. Other. Specify: _____   | 17c. \$ <u>0.00</u>  |                      |
| 17d. Other. Specify: _____   | 17d. \$ <u>0.00</u>  |                      |
| 18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>   | 18. \$ <u>0.00</u>   |                      |
| 19. <b>Other payments you make to support others who do not live with you.</b><br>Specify: _____   | \$ <u>0.00</u>   |                      |
| 20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>   |  |                      |
| 20a. Mortgages on other property   | 20a. \$ <u>0.00</u>  |                      |
| 20b. Real estate taxes   | 20b. \$ <u>0.00</u>  |                      |
| 20c. Property, homeowner's, or renter's insurance  | 20c. \$ <u>0.00</u>  |                      |
| 20d. Maintenance, repair, and upkeep expenses  | 20d. \$ <u>0.00</u>  |                      |
| 20e. Homeowner's association or condominium dues   | 20e. \$ <u>0.00</u>  |                      |
| 21. <b>Other:</b> Specify: _____   | 21. +\$ <u>0.00</u>  |                      |
| 22. <b>Calculate your monthly expenses</b>   |  |                      |
| 22a. Add lines 4 through 21.   | \$ <u>2,375.00</u>   |                      |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   | \$ <u>2,375.00</u>   |                      |
| 22c. Add line 22a and 22b. The result is your monthly expenses.  | \$ <u>2,375.00</u>   |                      |
| 23. <b>Calculate your monthly net income.</b>  |  |                      |
| 23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.   | 23a. \$ <u>2,385.00</u>  |                      |
| 23b. Copy your monthly expenses from line 22c above.   | 23b. -\$ <u>2,375.00</u>   |                      |
| 23c. Subtract your monthly expenses from your monthly income.<br>The result is your <i>monthly net income</i> .  | 23c. \$ <u>10.00</u>   |                      |
| 24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b><br>For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? |  |                      |
| <input checked="" type="checkbox"/> No.  |  |                      |
| <input type="checkbox"/> Yes.  | Explain here: _____  |                      |

Fill in this information to identify your case:

|   |                              |             |           |
|---|------------------------------|-------------|-----------|
| Debtor 1                                | <b>Shianne R. Dinges</b>     |             |           |
|   | First Name                   | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | First Name                   | Middle Name | Last Name |
| United States Bankruptcy Court for the: | WESTERN DISTRICT OF VIRGINIA |             |           |
| Case number<br>(if known)               |                              |             |           |

Check if this is an amended filing

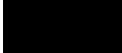
Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Shianne R. Dinges

**Shianne R. Dinges**

Signature of Debtor 1

Date September 17, 2020

X

Signature of Debtor 2

Date \_\_\_\_\_

Fill in this information to identify your case:

|   |                              |             |           |
|---|------------------------------|-------------|-----------|
| Debtor 1                                | <b>Shianne R. Dinges</b>     |             |           |
|   | First Name                   | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | First Name                   | Middle Name | Last Name |
| United States Bankruptcy Court for the: | WESTERN DISTRICT OF VIRGINIA |             |           |
| Case number<br>(if known)               |                              |             |           |

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No  
 Yes. Fill in the details.

|   | <b>Debtor 1</b>  |   | <b>Debtor 2</b>   |   |
|---|--|---|---|---|
| From January 1 of current year until the date you filed for bankruptcy: | <b>Sources of income</b><br>Check all that apply.  | <b>Gross income</b><br>(before deductions and exclusions) | <b>Sources of income</b><br>Check all that apply.   | <b>Gross income</b><br>(before deductions and exclusions) |
|   | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$28,484.00   | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |   |

Debtor 1 **Shianne R. Dinges**

Case number (if known) \_\_\_\_\_

|  | <b>Debtor 1</b><br><b>Sources of income</b><br>Check all that apply.   | <b>Gross income</b><br>(before deductions and exclusions) | <b>Debtor 2</b><br><b>Sources of income</b><br>Check all that apply.  | <b>Gross income</b><br>(before deductions and exclusions) |
|--|--|---|---|---|
| <b>For last calendar year:</b><br><b>(January 1 to December 31, 2019)</b>            | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | <b>\$33,180.00</b>  | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |   |
| <b>For the calendar year before that:</b><br><b>(January 1 to December 31, 2018)</b> | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | <b>\$32,443.00</b>  | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |   |

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No  
 Yes. Fill in the details.

| <b>Debtor 1</b><br><b>Sources of income</b><br>Describe below. | <b>Gross income from each source</b><br>(before deductions and exclusions) | <b>Debtor 2</b><br><b>Sources of income</b><br>Describe below. | <b>Gross income</b><br>(before deductions and exclusions) |
|--|--|--|---|
|  |  |  |   |

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| <b>Creditor's Name and Address</b> | <b>Dates of payment</b> | <b>Total amount paid</b> | <b>Amount you still owe</b> | <b>Was this payment for ...</b> |
|------------------------------------|-------------------------|--------------------------|-----------------------------|---------------------------------|
|                                    |                         |                          |                             |                                 |

Debtor 1 **Shianne R. Dinges**

Case number (if known) \_\_\_\_\_

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

| Case title<br>Case number   | Nature of the case | Court or agency           | Status of the case  |
|---|--------------------|---------------------------|---|
| Rockingham Memorial Hospital vs SHIANNE DINGES<br>165GV1300920800 | CIVIL JUDGMENT     | ROCKINGHAM DISTRICT COURT | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input checked="" type="checkbox"/> Concluded<br><br>- 1,134.00 |

|   |     |   |   |
|---|-----|---|---|
| Shianne R. Dinges Dupont<br>Community Credi | WID | Waynesboro GDC<br>250 South Wayne Ave,<br>Suite 100<br>Waynesboro, VA<br>22980-4625 | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input checked="" type="checkbox"/> Concluded |
|---|-----|---|---|

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.

| Creditor Name and Address   | Describe the Property<br>Explain what happened  | Date      | Value of the property |
|---|---|-----------|-----------------------|
| Toyota Financial Services<br>PO Box 9786<br>Cedar Rapids, IA 52409-0004 | 2017 Corolla<br><br><input checked="" type="checkbox"/> Property was repossessed.<br><input type="checkbox"/> Property was foreclosed.<br><input type="checkbox"/> Property was garnished.<br><input type="checkbox"/> Property was attached, seized or levied. | June 2020 | Unknown               |

Debtor 1 **Shianne R. Dinges**

Case number (if known) \_\_\_\_\_

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

| Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
|---------------------------|---------------------------------------|-----------------------|--------|
|---------------------------|---------------------------------------|-----------------------|--------|

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### **Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|-------|
| Person to Whom You Gave the Gift and Address:          |                    |                          |       |

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value |
|--|-------------------------------|-----------------------|-------|
|--|-------------------------------|-----------------------|-------|

#### **Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss<br>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
|--|---|-------------------|------------------------|

#### **Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

| Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|---|-----------------------------------|-------------------|
| Don Burks P.C.<br>30 Crossing Lane, Suite 205<br>Lexington, VA 24450<br>bankruptcy@donburkslaw.com    | Attorney Fees                                     | 9/8/20                            | \$900.00          |

Debtor 1 Shianne R. Dinges

Case number (if known)

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

| Person Who Was Paid<br>Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--------------------------------|---|-----------------------------------|-------------------|
|--------------------------------|---|-----------------------------------|-------------------|

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

| Person Who Received Transfer<br>Address | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|---|--|------------------------|
| Person's relationship to you            |   |  |                        |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

| Name of trust | Description and value of the property transferred | Date Transfer was made |
|---------------|---|------------------------|
|---------------|---|------------------------|

#### Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|-------------------------------|--|---|
|--|---------------------------------|-------------------------------|--|---|

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

| Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|--|---|-----------------------|-----------------------|
|--|---|-----------------------|-----------------------|

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

| Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|---|--|-----------------------|-----------------------|
|---|--|-----------------------|-----------------------|

Debtor 1 Shianne R. Dinges

Case number (if known)

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

 No Yes. Fill in the details.

| Owner's Name<br>Address (Number, Street, City, State and ZIP Code) | Where is the property?<br>(Number, Street, City, State and ZIP Code) | Describe the property | Value |
|--|--|-----------------------|-------|
|--|--|-----------------------|-------|

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

 No Yes. Fill in the details.

| Name of site<br>Address (Number, Street, City, State and ZIP Code) | Governmental unit<br>Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|
|--|---|-----------------------------------|----------------|

25. Have you notified any governmental unit of any release of hazardous material?

 No Yes. Fill in the details.

| Name of site<br>Address (Number, Street, City, State and ZIP Code) | Governmental unit<br>Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|
|--|---|-----------------------------------|----------------|

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

 No Yes. Fill in the details.

| Case Title<br>Case Number | Court or agency Name<br>Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
|---------------------------|--|--------------------|--------------------|
|---------------------------|--|--------------------|--------------------|

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 Shianne R. Dinges

Case number (if known) \_\_\_\_\_

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

|  |   |  |
|--|---|--|
| Business Name<br>Address<br>(Number, Street, City, State and ZIP Code) | Describe the nature of the business<br>Name of accountant or bookkeeper | Employer Identification number<br>Do not include Social Security number or ITIN.<br>Dates business existed |
|--|---|--|

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

|   |             |
|---|-------------|
| Name<br>Address<br>(Number, Street, City, State and ZIP Code) | Date Issued |
|---|-------------|

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

*/s/ Shianne R. Dinges*

Shianne R. Dinges  
Signature of Debtor 1

Signature of Debtor 2

Date September 17, 2020

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

|   |                              |             |           |
|---|------------------------------|-------------|-----------|
| Debtor 1                                | <b>Shianne R. Dinges</b>     |             |           |
|   | First Name                   | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | First Name                   | Middle Name | Last Name |
| United States Bankruptcy Court for the: | WESTERN DISTRICT OF VIRGINIA |             |           |
| Case number<br>(if known)               |                              |             |           |

Check if this is an amended filing

## Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Have Secured Claims**

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|---|---|
|---|---|---|

Creditor's name: **Blue Ridge Bank**

name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Description of property securing debt: **2004 Toyota Tacoma 160000 miles**  
**NADA clean retail \$10325**  
**NADA ave trade-in \$ 7050**  
**FMV \$7000**

Creditor's name: **Shellpoint Mortgage Servicing**

name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Description of property securing debt: **3031 Hopkins Dr Mc Gaheysville, VA 22840**  
**Rockingham County**

Creditor's name: **Trailblazer Auto Sales**

name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Description of property securing debt: **2007 Saturn Sky 60000 miles**

Debtor 1 Shianne R. Dinges

Case number (if known) \_\_\_\_\_

property      **NADA clean retail \$5737**  
securing debt: **NADA ave trade-in \$ 3362**  
                  **FMV                    \$3300**

Retain the property and [explain]:  
**pay as per contract**

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

|                       |                              |
|-----------------------|------------------------------|
| Lessor's name:        | <input type="checkbox"/> No  |
| Description of leased | <input type="checkbox"/> Yes |
| Property:             |                              |
| <br>Lessor's name:    | <input type="checkbox"/> No  |
| Description of leased | <input type="checkbox"/> Yes |
| Property:             |                              |
| <br>Lessor's name:    | <input type="checkbox"/> No  |
| Description of leased | <input type="checkbox"/> Yes |
| Property:             |                              |
| <br>Lessor's name:    | <input type="checkbox"/> No  |
| Description of leased | <input type="checkbox"/> Yes |
| Property:             |                              |
| <br>Lessor's name:    | <input type="checkbox"/> No  |
| Description of leased | <input type="checkbox"/> Yes |
| Property:             |                              |
| <br>Lessor's name:    | <input type="checkbox"/> No  |
| Description of leased | <input type="checkbox"/> Yes |
| Property:             |                              |
| <br>Lessor's name:    | <input type="checkbox"/> No  |
| Description of leased | <input type="checkbox"/> Yes |
| Property:             |                              |
| <br>Lessor's name:    | <input type="checkbox"/> No  |
| Description of leased | <input type="checkbox"/> Yes |
| Property:             |                              |

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

/s/ Shianne R. Dinges

Shianne R. Dinges

Signature of Debtor 1

X

\_\_\_\_\_  
Signature of Debtor 2

Date

September 17, 2020

Date

Fill in this information to identify your case:

|   |                              |
|---|------------------------------|
| Debtor 1                                | <b>Shianne R. Dinges</b>     |
| Debtor 2<br>(Spouse, if filing)         |                              |
| United States Bankruptcy Court for the: | Western District of Virginia |
| Case number<br>(if known)               |                              |

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

 Check if this is an amended filing**Official Form 122A - 1****Chapter 7 Statement of Your Current Monthly Income**

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

**Part 1: Calculate Your Current Monthly Income****1. What is your marital and filing status? Check one only.**

**Not married.** Fill out Column A, lines 2-11.

**Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.

**Married and your spouse is NOT filing with you. You and your spouse are:**

**Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.

**Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| Column A<br>Debtor 1 | Column B<br>Debtor 2 or<br>non-filing spouse |
|----------------------|--|
| \$ 3,462.33          | \$ _____                                     |
| \$ 0.00              | \$ _____                                     |
| \$ 0.00              | \$ _____                                     |

2. **Your gross wages, salary, tips, bonuses, overtime, and commissions** (before all payroll deductions).

3. **Alimony and maintenance payments.** Do not include payments from a spouse if Column B is filled in.

4. **All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.** Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.

5. **Net income from operating a business, profession, or farm**

| Debtor 1  |          |
|---|----------|
| Gross receipts (before all deductions)                  | \$ 0.00  |
| Ordinary and necessary operating expenses               | -\$ 0.00 |
| Net monthly income from a business, profession, or farm | \$ 0.00  |

Copy here -&gt; \$ 0.00 \$ \_\_\_\_\_

**6. Net income from rental and other real property**

| Debtor 1  |          |
|---|----------|
| Gross receipts (before all deductions)                | \$ 0.00  |
| Ordinary and necessary operating expenses             | -\$ 0.00 |
| Net monthly income from rental or other real property | \$ 0.00  |

Copy here -&gt; \$ 0.00 \$ \_\_\_\_\_

**7. Interest, dividends, and royalties**

Debtor 1

Shianne R. Dinges

Case number (if known) \_\_\_\_\_

**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you ..... \$ **0.00**  
 For your spouse ..... \$ \_\_\_\_\_

**Column A  
Debtor 1**\$ **0.00****Column B  
Debtor 2 or  
non-filing spouse**

\$ \_\_\_\_\_

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below..

..... \$ **0.00** \$ \_\_\_\_\_  
 ..... \$ **0.00** \$ \_\_\_\_\_

Total amounts from separate pages, if any.

+ \$ **0.00** \$ \_\_\_\_\_

|                    |            |                      |
|--------------------|------------|----------------------|
| \$ <b>3,462.33</b> | + \$ _____ | = \$ <b>3,462.33</b> |
|--------------------|------------|----------------------|

Total current monthly income

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:12a. Copy your total current monthly income from line 11 ..... Copy line 11 here=>\$ **3,462.33**

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form

12b. \$ **41,547.96****13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

**VA**

Fill in the number of people in your household.

**1**

Fill in the median family income for your state and size of household.

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

13. \$ **62,029.00****14. How do the lines compare?**

14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*  
 Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*  
 Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X** /s/ Shianne R. Dinges  
Shianne R. Dinges

Debtor 1 Shianne R. Dinges

Case number (if known) \_\_\_\_\_

Signature of Debtor 1

Date September 17, 2020  
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Debtor 1

Shianne R. Dinges

Case number (if known) \_\_\_\_\_

## Current Monthly Income Details for the Debtor

### Debtor Income Details:

Income for the Period **03/01/2020** to **08/31/2020**.

### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **W**

Year-to-Date Income:

Starting Year-to-Date Income: **\$7,710.00** from check dated **2/29/2020**.

Ending Year-to-Date Income: **\$28,484.00** from check dated **8/31/2020**.

Income for six-month period (Ending-Starting): **\$20,774.00**.

Average Monthly Income: **\$3,462.33**.

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**Western District of Virginia**

In re **Shianne R. Dinges**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|   |                  |
|---|------------------|
| For legal services, I have agreed to accept .....           | \$ <b>900.00</b> |
| Prior to the filing of this statement I have received ..... | \$ <b>900.00</b> |
| Balance Due .....   | \$ <b>0.00</b>   |

2. The source of the compensation paid to me was:

Debtor  Other (specify):

3. The source of compensation to be paid to me is:

Debtor  Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 17, 2020

*Date*

/s/ Donald M. Burks

**Donald M. Burks**

*Signature of Attorney*

**Don Burks P.C.**

**30 Crossing Lane, Suite 205**

**Lexington, VA 24450**

**540 463-1080 Fax: 540 463-1082**

**bankruptcy@donburkslaw.com**

*Name of law firm*

**United States Bankruptcy Court  
Western District of Virginia**

In re Shianne R. Dinges

Debtor(s)

Case No.

Chapter 7

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: September 17, 2020

/s/ Shianne R. Dinges

**Shianne R. Dinges**

Signature of Debtor

Dinges, Shianne -

ALLTRAN FINANCIAL  
POB 4043  
CONCORD, CA 94524

ALLY FINANCIAL  
ATTN: BANKRUPTCY  
PO BOX 380901  
BLOOMINGTON, MN 55438

ALPHA RECOVERY CORP  
6912 S QUENTIN ST UNIT 10  
ENGLEWOOD, CO 80112

BEST BUY CUSTOMER CARE  
PO BOX 9312  
MINNEAPOLIS, MN 55440-9312

BEST BUY CUSTOMER CARE  
PO BOX 790441  
SAINT LOUIS, MO 63179-0441

BLUE RIDGE BANK  
POB 609  
LURAY, VA 22835

CAPITAL ONE  
ATTN: BANKRUPTCY  
PO BOX 30285  
SALT LAKE CITY, UT 84130

CAPITAL ONE/WALMART  
ATTN: BANKRUPTCY  
PO BOX 30285  
SALT LAKE CITY, UT 84130

CHASE CARD SERVICES  
ATTN: BANKRUPTCY  
PO BOX 15298  
WILMINGTON, DE 19850

CITIBANK NORTH AMERICA  
CITIBANK SD MC 425  
5800 SOUTH CORP PLACE  
SIOUX FALLS, SD 57108

Dinges, Shianne -

CLIENT SERVICES INC  
3451 HARRY S TRUMAN BLVD  
ST CHARLES, MO 63301-4047

CLIENT SERVICES, INC/CITICARDS  
PO BOX 1503  
ST PETERS, MO 63376-0027

COMENITY BANK/VICTORIA SECRET  
ATTN: BANKRUPTCY  
POB 182125  
COLUMBUS, OH 43218

COMENITYBANK/NEW YORK  
ATTN: BANKRUPTCY  
PO BOX 182125  
COLUMBUS, OH 43218

CREDIT CONTROL CORP  
PO BOX 120568  
NEWPORT NEWS, VA 23612-0568

CREDIT CONTROL CORPORATION  
ATTN: BANKRUPTCY  
PO BOX 120568  
NEWPORT NEWS, VA 23612

CREDIT ONE BANK  
ATTN: BANKRUPTCY DEPARTMENT  
PO BOX 98873  
LAS VEGAS, NV 89193

CREDITORS COLLECTION SERVICE  
ATTN: BANKRUPTCY  
PO BOX 21504  
ROANOKE, VA 24018

DEPARTMENT STORE NATIONAL BANK/MACY'S  
ATTN: BANKRUPTCY  
9111 DUKE BOULEVARD  
MASON, OH 45040

DUPONT COMMUNITY CREDI  
140 LUCY LANE  
WAYNESBORO, VA 22980

Dinges, Shianne -

DUPONT COMMUNITY CU  
ATTN: BANKRUPTCY  
PO BOX 1365  
WAYNESBORO, VA 22980

GATEWAY ONE LENDING & FINANCE  
175 NORTH RIVERVIEW DRIVE  
SUITE 100  
ANAHEIM, CA 92808

GENESIS FS CARD/KAY JEWELERS  
ATTN: BANKRUPTCY  
PO BOX 4477  
BEAVERTON, OR 97076

KOHLS/CAPITAL ONE  
ATTN: CREDIT ADMINISTRATOR  
PO BOX 3043  
MILWAUKEE, WI 53201

MASSANUTTEN PROPERTY OWNERS ASSOC  
3980 MASSANUTTEN DR  
MC GAHEYSVILLE, VA 22840

MICHAEL SIZEMORE  
3031 HAWKINS DR  
MC GAHEYSVILLE, VA 22840

NATIONWIDE CREDIT  
POB 15130  
WILMINGTON, DE 19850

PATHOLOGY SCIENCES MED. GRP  
PO BOX 79671  
BALTIMORE, MD 21279

PORTFOLIO RECOVERY ASS, LLC  
PO BOX 12914  
NORFOLK, VA 23541

PROGRESSIVE  
256 W. DATA DR  
DRAPER, UT 84020

Dinges, Shianne -

PROGRESSIVE INSURANCE CO  
6300 WILSON MILLS RD  
MAYFIELD VILLAGE, OH 44143

RADIUS  
POB 390905  
MINNEAPOLIS, MN 55439

RICHMOND VA CHILD SUPPORT  
2001 MAYWILL STREET  
SUITE 104  
RICHMOND, VA 23230

SENTARA  
PO BOX 791168  
BALTIMORE, MD 21279

SENTARA  
PO BOX 2156  
MORRISVILLE, NC 27560

SENTARA MEDICAL GROUP  
PO BOX 179  
NORFOLK, VA 23501-0179

SHELLPOINT MORTGAGE SERVICING  
ATTN: BANKRUPTCY  
PO BOX 10826  
GREENVILLE, SC 29603

STERLING JEWELERS, INC.  
ATTN: BANKRUPTCY  
PO BOX 1799  
AKRON, OH 44309

SYNCHRONY BANK  
ATTN: BANKRUPTCY DEPT  
PO BOX 965060  
ORLANDO, FL 32896-5060

THE BUREAUS INC  
ATTN: BANKRUPTCY  
650 DUNDEE RD, STE 370  
NORTHBROOK, IL 60062

Dinges, Shianne -

TOYOTA FINANCIAL SERVICES  
ATTN: BANKRUPTCY  
PO BOX 8026  
CEDAR RAPIDS, IA 52409

TOYOTA FINANCIAL SVCS  
PO BOX 2730 MAIL STOP WF22  
TORRANCE, CA 90509-2730

TRAILBLAZER AUTO SALES  
34 BLOOMER SPRINGS RD  
MC GAHEYSVILLE, VA 22840

UVA HEALTH SERVICES FOUNDATION  
PO BOX 9007  
CHARLOTTESVILLE, VA 22906-9007

VALLEY CREDIT SERVICE, INC  
ATTN: BANKRUPTCY  
PO BOX 2162  
HAGERSTOWN, MD 21742

WAYNESBORO GDC  
250 SOUTH WAYNE AVE, SUITE 100  
WAYNESBORO, VA 22980-4625

WEST CREEK FINANCIAL  
PO BOX 5518  
GLEN ALLEN, VA 23058